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| Substitute for Form<br>PTO-1390<br><b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br/>CONCERNING A FILING UNDER 35 U.S.C. 371</b>   |  | U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE<br><br>ATTORNEY'S DOCKET NUMBER<br>025455-120 |
|  |  | U.S. APPLICATION NO. (Unknown) <sup>37 CFR 1.5</sup><br><b>10/561591</b>                              |
| INTERNATIONAL APPLICATION NO.<br>PCT/IB2004/002049   | INTERNATIONAL FILING DATE<br>21 June 2004 (21.06.2004) | PRIORITY DATE CLAIMED<br>20 June 2003 (20.06.2003)  |
| TITLE OF INVENTION<br><br>A LINER  |  |   |
| APPLICANT(S) FOR DO/EO/US<br>HELLMANN, Neil Christopher  |  |   |
| <p>Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:</p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> This is a <b>FIRST</b> submission to items concerning a filing under 35 U.S.C. 371.</li> <li><input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a filing under 35 U.S.C. 371.</li> <li><input type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (22) indicated below.</li> <li><input type="checkbox"/> The US has been elected by the expiration of 19 months from the priority date (Article 31).</li> <li><input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2))             <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).</li> <li><input type="checkbox"/> has been communicated by the International Bureau.</li> <li><input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</li> </ol> </li> <li><input type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2))             <ol style="list-style-type: none"> <li><input type="checkbox"/> is attached hereto.</li> <li><input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).</li> </ol> </li> <li><input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))             <ol style="list-style-type: none"> <li><input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).</li> <li><input type="checkbox"/> have been communicated by the International Bureau.</li> <li><input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.</li> <li><input checked="" type="checkbox"/> have not been made and will not be made.</li> </ol> </li> <li><input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).</li> <li><input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).</li> <li><input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).</li> </ol> <p><b>Items 11 to 21 below concern document(s) or information included:</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.</li> <li><input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.</li> <li><input checked="" type="checkbox"/> A <b>FIRST</b> preliminary amendment.</li> <li><input type="checkbox"/> A <b>SECOND</b> or <b>SUBSEQUENT</b> preliminary amendment.</li> <li><input type="checkbox"/> A substitute specification.</li> <li><input type="checkbox"/> A change of power of attorney and/or address letter.</li> <li><input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 C.F.R. 1.821 - 1.825.</li> <li><input type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154(d)(4).</li> <li><input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).</li> <li><input type="checkbox"/> Other items or information: <u>(a) Copy of PCT International Search Report</u><br/><u>(b) Notification of Transmittal of the International Preliminary Report on Patentability</u></li> </ol> |  |   |

|   |  |  |           |   |                    |        |              |              |      |    |              |    |       |    |                  |             |                    |   |       |   |                   |           |   |  |  |  |                   |         |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |         |  |  |  |  |                                    |                    |   |  |  |  |   |             |  |  |  |  |                   |                    |  |  |  |  |  |         |  |  |  |  |                             |                    |  |  |  |  |   |         |  |  |  |  |                              |                    |  |  |  |  |                                |  |  |  |  |  |                  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
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| U.S. APPLICATION NO. (If known, see 37 CFR 1.5) <b>10/561591</b>  | INTERNATIONAL APPLICATION NO. <b>PCT/IB2004/002049</b> | ATTORNEY'S DOCKET NUMBER <b>025455-120</b> |           |   |                    |        |              |              |      |    |              |    |       |    |                  |             |                    |   |       |   |                   |           |   |  |  |  |                   |         |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |         |  |  |  |  |                                    |                    |   |  |  |  |   |             |  |  |  |  |                   |                    |  |  |  |  |  |         |  |  |  |  |                             |                    |  |  |  |  |   |         |  |  |  |  |                              |                    |  |  |  |  |                                |  |  |  |  |  |                  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| <p>21. <input checked="" type="checkbox"/> Applicant(s) requests that the published application include the following assignment information: <u>CH Chemicals (Pty) Ltd. Elandsfontein, South Africa</u></p> <hr/> <hr/> <hr/> <hr/>  |  | <b>CALCULATIONS PTO USE ONLY</b>           |           |   |                    |        |              |              |      |    |              |    |       |    |                  |             |                    |   |       |   |                   |           |   |  |  |  |                   |         |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |         |  |  |  |  |                                    |                    |   |  |  |  |   |             |  |  |  |  |                   |                    |  |  |  |  |  |         |  |  |  |  |                             |                    |  |  |  |  |   |         |  |  |  |  |                              |                    |  |  |  |  |                                |  |  |  |  |  |                  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| <p>22. <input checked="" type="checkbox"/> The following fees are submitted:</p> <table border="1"> <tr> <td>Basic Filing Fee (1631)</td> <td>\$ 300.00</td> </tr> <tr> <td colspan="2">Surcharge of <b>\$130.00 (1617)</b> for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(e)).</td> </tr> <tr> <td>CLAIMS</td> <td>NUMBER FILED</td> <td>NUMBER EXTRA</td> <td>RATE</td> <td>\$</td> </tr> <tr> <td>Total Claims</td> <td>65</td> <td>-20 =</td> <td>45</td> <td>× \$50.00 (1615)</td> <td>\$ 2,250.00</td> </tr> <tr> <td>Independent Claims</td> <td>4</td> <td>- 3 =</td> <td>1</td> <td>× \$200.00 (1614)</td> <td>\$ 200.00</td> </tr> <tr> <td colspan="4">MULTIPLE DEPENDENT CLAIM(S) (if applicable)</td> <td>† \$360.00 (1616)</td> <td>\$ 0.00</td> </tr> <tr> <td colspan="4">Examination Fee</td> <td>† \$200.00 (1633)</td> <td>\$ 200.00</td> </tr> <tr> <td colspan="4">Search Fee</td> <td>† \$400.00 (1632)</td> <td>\$ 400.00</td> </tr> <tr> <td colspan="4">App. Size Fee (add \$250.00 for each add'l 50 sheets exceeding 100 sheets)</td> <td></td> <td>\$ 0.00</td> </tr> <tr> <td colspan="4"></td> <td><b>TOTAL OF ABOVE CALCULATIONS</b></td> <td><b>\$ 3,350.00</b></td> </tr> <tr> <td colspan="4"><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.</td> <td>+</td> <td>\$ 1,675.00</td> </tr> <tr> <td colspan="4"></td> <td><b>SUBTOTAL =</b></td> <td><b>\$ 1,675.00</b></td> </tr> <tr> <td colspan="4">Processing fee of <b>\$130.00 (1618)</b> for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)).</td> <td></td> <td>\$ 0.00</td> </tr> <tr> <td colspan="4"></td> <td><b>TOTAL NATIONAL FEE =</b></td> <td><b>\$ 1,675.00</b></td> </tr> <tr> <td colspan="4">Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). <b>\$40.00 (8021)</b> per property</td> <td>+</td> <td>\$ 0.00</td> </tr> <tr> <td colspan="4"></td> <td><b>TOTAL FEES ENCLOSED =</b></td> <td><b>\$ 1,675.00</b></td> </tr> <tr> <td colspan="4"></td> <td><b>Amount to be refunded :</b></td> <td></td> </tr> <tr> <td colspan="4"></td> <td><b>charged :</b></td> <td></td> </tr> <tr> <td colspan="6"> <p>a. <input checked="" type="checkbox"/> A check in the amount of <b>\$ 1,675.00</b> to cover the above fees is enclosed.</p> <p>b. <input type="checkbox"/> Please charge my Deposit Account No. <b>02-4800</b> in the amount of _____ to cover the above fees. A duplicate copy of this sheet is enclosed.</p> <p>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <b>02-4800</b>. A duplicate copy of this sheet is enclosed.</p> <p>d. <input type="checkbox"/> Charge _____ to credit card. Form PTO-2038 is attached.</p> </td> </tr> <tr> <td colspan="6"> <p><b>NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.</b></p> </td> </tr> <tr> <td colspan="6">  </td> </tr> <tr> <td colspan="6"> <p>SEND ALL CORRESPONDENCE TO:</p> <p><b>Buchanan Ingersoll PC</b><br/>     Including attorneys from Burns, Doane, Swecker &amp; Mathis<br/>     P.O. Box 1404<br/>     Alexandria, Virginia 22313-1404<br/>     (703) 836-6620</p> </td> </tr> <tr> <td colspan="6"> <p>SIGNATURE <u>Alan E. Kopecki</u></p> <p>NAME <u>Alan E. Kopecki</u></p> </td> </tr> <tr> <td colspan="6"> <p>25,813 <u>25,813</u> December 20, 2005 <u>December 20, 2005</u></p> </td> </tr> <tr> <td colspan="6"> <p>REGISTRATION NO. <u>25,813</u> DATE <u>December 20, 2005</u></p> </td> </tr> </table> |  | Basic Filing Fee (1631)                    | \$ 300.00 | Surcharge of <b>\$130.00 (1617)</b> for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(e)). |                    | CLAIMS | NUMBER FILED | NUMBER EXTRA | RATE | \$ | Total Claims | 65 | -20 = | 45 | × \$50.00 (1615) | \$ 2,250.00 | Independent Claims | 4 | - 3 = | 1 | × \$200.00 (1614) | \$ 200.00 | MULTIPLE DEPENDENT CLAIM(S) (if applicable) |  |  |  | † \$360.00 (1616) | \$ 0.00 | Examination Fee |  |  |  | † \$200.00 (1633) | \$ 200.00 | Search Fee |  |  |  | † \$400.00 (1632) | \$ 400.00 | App. Size Fee (add \$250.00 for each add'l 50 sheets exceeding 100 sheets) |  |  |  |  | \$ 0.00 |  |  |  |  | <b>TOTAL OF ABOVE CALCULATIONS</b> | <b>\$ 3,350.00</b> | <input checked="" type="checkbox"/> Applicant claims small entity status. 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| Basic Filing Fee (1631)   | \$ 300.00  |  |           |   |                    |        |              |              |      |    |              |    |       |    |                  |             |                    |   |       |   |                   |           |   |  |  |  |                   |         |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |         |  |  |  |  |                                    |                    |   |  |  |  |   |             |  |  |  |  |                   |                    |  |  |  |  |  |         |  |  |  |  |                             |                    |  |  |  |  |   |         |  |  |  |  |                              |                    |  |  |  |  |                                |  |  |  |  |  |                  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| Surcharge of <b>\$130.00 (1617)</b> for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(e)).   |  |  |           |   |                    |        |              |              |      |    |              |    |       |    |                  |             |                    |   |       |   |                   |           |   |  |  |  |                   |         |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |         |  |  |  |  |                                    |                    |   |  |  |  |   |             |  |  |  |  |                   |                    |  |  |  |  |  |         |  |  |  |  |                             |                    |  |  |  |  |   |         |  |  |  |  |                              |                    |  |  |  |  |                                |  |  |  |  |  |                  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| CLAIMS  | NUMBER FILED   | NUMBER EXTRA                               | RATE      | \$  |                    |        |              |              |      |    |              |    |       |    |                  |             |                    |   |       |   |                   |           |   |  |  |  |                   |         |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |         |  |  |  |  |                                    |                    |   |  |  |  |   |             |  |  |  |  |                   |                    |  |  |  |  |  |         |  |  |  |  |                             |                    |  |  |  |  |   |         |  |  |  |  |                              |                    |  |  |  |  |                                |  |  |  |  |  |                  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| Total Claims  | 65   | -20 =                                      | 45        | × \$50.00 (1615)  | \$ 2,250.00        |        |              |              |      |    |              |    |       |    |                  |             |                    |   |       |   |                   |           |   |  |  |  |                   |         |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |         |  |  |  |  |                                    |                    |   |  |  |  |   |             |  |  |  |  |                   |                    |  |  |  |  |  |         |  |  |  |  |                             |                    |  |  |  |  |   |         |  |  |  |  |                              |                    |  |  |  |  |                                |  |  |  |  |  |                  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| Independent Claims  | 4  | - 3 =                                      | 1         | × \$200.00 (1614)   | \$ 200.00          |        |              |              |      |    |              |    |       |    |                  |             |                    |   |       |   |                   |           |   |  |  |  |                   |         |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |         |  |  |  |  |                                    |                    |   |  |  |  |   |             |  |  |  |  |                   |                    |  |  |  |  |  |         |  |  |  |  |                             |                    |  |  |  |  |   |         |  |  |  |  |                              |                    |  |  |  |  |                                |  |  |  |  |  |                  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable)   |  |  |           | † \$360.00 (1616)   | \$ 0.00            |        |              |              |      |    |              |    |       |    |                  |             |                    |   |       |   |                   |           |   |  |  |  |                   |         |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |         |  |  |  |  |                                    |                    |   |  |  |  |   |             |  |  |  |  |                   |                    |  |  |  |  |  |         |  |  |  |  |                             |                    |  |  |  |  |   |         |  |  |  |  |                              |                    |  |  |  |  |                                |  |  |  |  |  |                  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| Examination Fee   |  |  |           | † \$200.00 (1633)   | \$ 200.00          |        |              |              |      |    |              |    |       |    |                  |             |                    |   |       |   |                   |           |   |  |  |  |                   |         |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |         |  |  |  |  |                                    |                    |   |  |  |  |   |             |  |  |  |  |                   |                    |  |  |  |  |  |         |  |  |  |  |                             |                    |  |  |  |  |   |         |  |  |  |  |                              |                    |  |  |  |  |                                |  |  |  |  |  |                  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| Search Fee  |  |  |           | † \$400.00 (1632)   | \$ 400.00          |        |              |              |      |    |              |    |       |    |                  |             |                    |   |       |   |                   |           |   |  |  |  |                   |         |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |         |  |  |  |  |                                    |                    |   |  |  |  |   |             |  |  |  |  |                   |                    |  |  |  |  |  |         |  |  |  |  |                             |                    |  |  |  |  |   |         |  |  |  |  |                              |                    |  |  |  |  |                                |  |  |  |  |  |                  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| App. Size Fee (add \$250.00 for each add'l 50 sheets exceeding 100 sheets)  |  |  |           |   | \$ 0.00            |        |              |              |      |    |              |    |       |    |                  |             |                    |   |       |   |                   |           |   |  |  |  |                   |         |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |         |  |  |  |  |                                    |                    |   |  |  |  |   |             |  |  |  |  |                   |                    |  |  |  |  |  |         |  |  |  |  |                             |                    |  |  |  |  |   |         |  |  |  |  |                              |                    |  |  |  |  |                                |  |  |  |  |  |                  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
|   |  |  |           | <b>TOTAL OF ABOVE CALCULATIONS</b>  | <b>\$ 3,350.00</b> |        |              |              |      |    |              |    |       |    |                  |             |                    |   |       |   |                   |           |   |  |  |  |                   |         |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |         |  |  |  |  |                                    |                    |   |  |  |  |   |             |  |  |  |  |                   |                    |  |  |  |  |  |         |  |  |  |  |                             |                    |  |  |  |  |   |         |  |  |  |  |                              |                    |  |  |  |  |                                |  |  |  |  |  |                  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.   |  |  |           | +   | \$ 1,675.00        |        |              |              |      |    |              |    |       |    |                  |             |                    |   |       |   |                   |           |   |  |  |  |                   |         |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |         |  |  |  |  |                                    |                    |   |  |  |  |   |             |  |  |  |  |                   |                    |  |  |  |  |  |         |  |  |  |  |                             |                    |  |  |  |  |   |         |  |  |  |  |                              |                    |  |  |  |  |                                |  |  |  |  |  |                  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
|   |  |  |           | <b>SUBTOTAL =</b>   | <b>\$ 1,675.00</b> |        |              |              |      |    |              |    |       |    |                  |             |                    |   |       |   |                   |           |   |  |  |  |                   |         |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |         |  |  |  |  |                                    |                    |   |  |  |  |   |             |  |  |  |  |                   |                    |  |  |  |  |  |         |  |  |  |  |                             |                    |  |  |  |  |   |         |  |  |  |  |                              |                    |  |  |  |  |                                |  |  |  |  |  |                  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| Processing fee of <b>\$130.00 (1618)</b> for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)).  |  |  |           |   | \$ 0.00            |        |              |              |      |    |              |    |       |    |                  |             |                    |   |       |   |                   |           |   |  |  |  |                   |         |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |         |  |  |  |  |                                    |                    |   |  |  |  |   |             |  |  |  |  |                   |                    |  |  |  |  |  |         |  |  |  |  |                             |                    |  |  |  |  |   |         |  |  |  |  |                              |                    |  |  |  |  |                                |  |  |  |  |  |                  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
|   |  |  |           | <b>TOTAL NATIONAL FEE =</b>   | <b>\$ 1,675.00</b> |        |              |              |      |    |              |    |       |    |                  |             |                    |   |       |   |                   |           |   |  |  |  |                   |         |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |         |  |  |  |  |                                    |                    |   |  |  |  |   |             |  |  |  |  |                   |                    |  |  |  |  |  |         |  |  |  |  |                             |                    |  |  |  |  |   |         |  |  |  |  |                              |                    |  |  |  |  |                                |  |  |  |  |  |                  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). <b>\$40.00 (8021)</b> per property  |  |  |           | +   | \$ 0.00            |        |              |              |      |    |              |    |       |    |                  |             |                    |   |       |   |                   |           |   |  |  |  |                   |         |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |         |  |  |  |  |                                    |                    |   |  |  |  |   |             |  |  |  |  |                   |                    |  |  |  |  |  |         |  |  |  |  |                             |                    |  |  |  |  |   |         |  |  |  |  |                              |                    |  |  |  |  |                                |  |  |  |  |  |                  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
|   |  |  |           | <b>TOTAL FEES ENCLOSED =</b>  | <b>\$ 1,675.00</b> |        |              |              |      |    |              |    |       |    |                  |             |                    |   |       |   |                   |           |   |  |  |  |                   |         |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |         |  |  |  |  |                                    |                    |   |  |  |  |   |             |  |  |  |  |                   |                    |  |  |  |  |  |         |  |  |  |  |                             |                    |  |  |  |  |   |         |  |  |  |  |                              |                    |  |  |  |  |                                |  |  |  |  |  |                  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
|   |  |  |           | <b>Amount to be refunded :</b>  |                    |        |              |              |      |    |              |    |       |    |                  |             |                    |   |       |   |                   |           |   |  |  |  |                   |         |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |         |  |  |  |  |                                    |                    |   |  |  |  |   |             |  |  |  |  |                   |                    |  |  |  |  |  |         |  |  |  |  |                             |                    |  |  |  |  |   |         |  |  |  |  |                              |                    |  |  |  |  |                                |  |  |  |  |  |                  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
|   |  |  |           | <b>charged :</b>  |                    |        |              |              |      |    |              |    |       |    |                  |             |                    |   |       |   |                   |           |   |  |  |  |                   |         |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |         |  |  |  |  |                                    |                    |   |  |  |  |   |             |  |  |  |  |                   |                    |  |  |  |  |  |         |  |  |  |  |                             |                    |  |  |  |  |   |         |  |  |  |  |                              |                    |  |  |  |  |                                |  |  |  |  |  |                  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| <p>a. <input checked="" type="checkbox"/> A check in the amount of <b>\$ 1,675.00</b> to cover the above fees is enclosed.</p> <p>b. <input type="checkbox"/> Please charge my Deposit Account No. <b>02-4800</b> in the amount of _____ to cover the above fees. A duplicate copy of this sheet is enclosed.</p> <p>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <b>02-4800</b>. A duplicate copy of this sheet is enclosed.</p> <p>d. <input type="checkbox"/> Charge _____ to credit card. Form PTO-2038 is attached.</p>  |  |  |           |   |                    |        |              |              |      |    |              |    |       |    |                  |             |                    |   |       |   |                   |           |   |  |  |  |                   |         |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |         |  |  |  |  |                                    |                    |   |  |  |  |   |             |  |  |  |  |                   |                    |  |  |  |  |  |         |  |  |  |  |                             |                    |  |  |  |  |   |         |  |  |  |  |                              |                    |  |  |  |  |                                |  |  |  |  |  |                  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| <p><b>NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.</b></p>   |  |  |           |   |                    |        |              |              |      |    |              |    |       |    |                  |             |                    |   |       |   |                   |           |   |  |  |  |                   |         |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |         |  |  |  |  |                                    |                    |   |  |  |  |   |             |  |  |  |  |                   |                    |  |  |  |  |  |         |  |  |  |  |                             |                    |  |  |  |  |   |         |  |  |  |  |                              |                    |  |  |  |  |                                |  |  |  |  |  |                  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
|   |  |  |           |   |                    |        |              |              |      |    |              |    |       |    |                  |             |                    |   |       |   |                   |           |   |  |  |  |                   |         |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |         |  |  |  |  |                                    |                    |   |  |  |  |   |             |  |  |  |  |                   |                    |  |  |  |  |  |         |  |  |  |  |                             |                    |  |  |  |  |   |         |  |  |  |  |                              |                    |  |  |  |  |                                |  |  |  |  |  |                  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| <p>SEND ALL CORRESPONDENCE TO:</p> <p><b>Buchanan Ingersoll PC</b><br/>     Including attorneys from Burns, Doane, Swecker &amp; Mathis<br/>     P.O. Box 1404<br/>     Alexandria, Virginia 22313-1404<br/>     (703) 836-6620</p>   |  |  |           |   |                    |        |              |              |      |    |              |    |       |    |                  |             |                    |   |       |   |                   |           |   |  |  |  |                   |         |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |         |  |  |  |  |                                    |                    |   |  |  |  |   |             |  |  |  |  |                   |                    |  |  |  |  |  |         |  |  |  |  |                             |                    |  |  |  |  |   |         |  |  |  |  |                              |                    |  |  |  |  |                                |  |  |  |  |  |                  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| <p>SIGNATURE <u>Alan E. Kopecki</u></p> <p>NAME <u>Alan E. Kopecki</u></p>  |  |  |           |   |                    |        |              |              |      |    |              |    |       |    |                  |             |                    |   |       |   |                   |           |   |  |  |  |                   |         |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |         |  |  |  |  |                                    |                    |   |  |  |  |   |             |  |  |  |  |                   |                    |  |  |  |  |  |         |  |  |  |  |                             |                    |  |  |  |  |   |         |  |  |  |  |                              |                    |  |  |  |  |                                |  |  |  |  |  |                  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| <p>25,813 <u>25,813</u> December 20, 2005 <u>December 20, 2005</u></p>  |  |  |           |   |                    |        |              |              |      |    |              |    |       |    |                  |             |                    |   |       |   |                   |           |   |  |  |  |                   |         |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |         |  |  |  |  |                                    |                    |   |  |  |  |   |             |  |  |  |  |                   |                    |  |  |  |  |  |         |  |  |  |  |                             |                    |  |  |  |  |   |         |  |  |  |  |                              |                    |  |  |  |  |                                |  |  |  |  |  |                  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| <p>REGISTRATION NO. <u>25,813</u> DATE <u>December 20, 2005</u></p>   |  |  |           |   |                    |        |              |              |      |    |              |    |       |    |                  |             |                    |   |       |   |                   |           |   |  |  |  |                   |         |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |         |  |  |  |  |                                    |                    |   |  |  |  |   |             |  |  |  |  |                   |                    |  |  |  |  |  |         |  |  |  |  |                             |                    |  |  |  |  |   |         |  |  |  |  |                              |                    |  |  |  |  |                                |  |  |  |  |  |                  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |